

APPLICATION FOR AUTHORIZATION TO DIVERT WATER
Environmental and Public Protection Cabinet

Applicant Information

(Name of Person or Organization Requesting Diversion)

(Mailing Address) (City) (State) (Zip Code)

Telephone Number: _____

Diversion Authorization Request

Explain why this stream diversion is necessary: _____

Description

Location of Diverted Stream Reach

Please provide the following information:

County: _____ Stream name: _____

Total length of stream affected by the diversion _____ (feet or miles)

Geographic locations of the upstream and downstream points of the affected stream reach:

Upstream: Latitude _____ Longitude _____ Stream mile _____

Downstream: Latitude _____ Longitude _____ Stream mile _____

Describe the location of the proposed diversion including distance and direction from nearest town. Identify any landmarks that can be used as reference points. _____

Construction and Operational Information

The diversion will be: Temporary _____ Permanent _____

Estimated start date: _____ Estimated end date (for temporary diversions): _____

Describe the methods that will be used to divert the water. Be sure to address any constructions, withdrawals, and discharges that will be required: _____

List any owners and types (agricultural, industrial, commercial, municipal, or private) of all upstream and downstream properties that may be affected by the diversion:

Owner: _____

Type of Property: _____

Owner: _____

Type of Property: _____

Owner: _____

Type of Property: _____

Owner: _____

Type of Property: _____

If the diversion will require construction in a floodplain, has a construction authorization been obtained from appropriate agencies?

Yes _____ No _____

If water is to be transferred to an existing waterbody, provide the name of the water body and explain why this transfer is necessary.

If easement rights to the diverted stream reach are owned by someone other than the applicant, provide written documentation confirming that the landowner(s) have given consent.

Additional Information Required

Siting

Attach a U.S. Geological Survey 7 1/2-minute quadrangle map, or a legible photocopy of the portion of the map containing this site. Clearly identify the (1) location of the proposed diversion, and (2) any of the following that apply, if known:

- | | | | |
|----|--------------------------|----|----------------------------|
| a. | Existing surface intakes | c. | Other pumping sites |
| b. | Water treatment plants | d. | Wastewater discharge sites |

Give name of map quadrangle: _____

Application Verification

I hereby request authorization to divert waters of the Commonwealth as described in this application and any accompanying documents. To the best of my knowledge, all of the information that I have provided is true and correct. I understand that the issuance of this authorization does not relieve me from the responsibility of obtaining any other permits or licenses required by this Cabinet, or other state, federal or local agencies.

Name of Person or Organizational Representative Requesting Authorization

Title: _____

Signature: _____ Date: _____

If application is prepared by a consultant or other person independent of the facility requesting this authorization, provide contact information below:

Name of consulting company or other organization

Address

Telephone Number

If approved, who do you wish the authorization be mailed to?

Consultant

Applicant

Submitting the Application

Mail completed application to:

Phone Number:
FAX Number

Watershed Management Branch
Kentucky Division of Water
14 Reilly Road
Frankfort, KY 40601
(502)-564-3410
(502)-564-9003